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PTOREIOS (12-04)
Approved for use through 7/31/2006, CMB 0551-0032
U.S. Pasent and Trademark Officer, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a yaid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 09/766,295 Substitute for Form PTQ-875 APPLICATION AS FILED - PART I OTHER THAN OR SMALL ENTITY (Catumn 1) SMALL ENTITY (Column 2) FOR NUMBER FILED NUMBER EXTRA RATE (S) FEE (8) RATE (S) FEE (S) 8A8(C FEE p7 CFR 1.16(s), (b), or (cr) 710 M/A REARCH FEE NZA M/A (27 CFR 1.16(k), (7), or (00)) NIA EXAMINATION FEE (37 GFR 1.15(a), (p), or (q)) N/A NYA NA N/A TOTAL CLAUMS 63 . 43 x 18 774 (37 CFR 1.16(1)) minus 20 = = . INDEPENDENT CLAIMS (37 CFR 1.16(h)) 10 × 80 560 minua 3 + × . If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each FEE (37 CFR 1.15(a)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.15(1)) NZA NIA 2044 " If the difference in column 1 is less then zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN DSI 12/05 OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST NUMBER REMAINING PRESENT RATE (3) 4 ADDI-RATE (\$) ADDI-TIONAL AFTER PREVIOUSLY **EXTRA** TIONAL **AMENDMENT** PAID FOR FEE (S) PEE (S) Total pr CPR 1.1000 Мітля 63 63 °o x500 OF CFR 1.18(N) 10 10 × 200 0 Application Size Fee (37 CFR 1.16(s)) 115 sheets 25Ú ZOV PURST PRESENTATION OF MELTURE DEPENDENT CLAIM (37 CFR 1.16(3) OR NZA TOTAL ADDIL FER TOTAL 250 ADD'L FEE 03/02/06 (Column 1) (Cotumn 2) (Column 3) CAMB HIGHEST NUMBER PREVIOUSLY REMAINING PRESENT RATE (\$) ADDI-RATE (\$) ADDS-TIONAL AFTER EXTRA TIONAL AMENDMENT PAID FOR FEE (B) FEE (S) AMENDME Total (37 CFR 1.18(II)) 26 Minus **a** 6 OR independent prom utapy 0 ~` = = OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.188)) OR NVA TOTAL ADDL PEE **CR** ఊ ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "O" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, order 20".
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

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The Trighest Number Previously Paid For 'IN THIS SPACE is less than 3, enter 'S'.

The Trighest Number Previously Paid For '(Total or Independent) is the highest number found in an appropriate door in Section of Information is required to obtain or rough a particular by 37 CFR 1,18. The information is required to obtain or rough a particular by 37 CFR 1,18. The information is required to obtain or rough a particular by 37 CFR 1,18. The information is required to obtain or rough a particular by the public which is to the (and by the 125PTO. The property of the public which is to the (and by the industry of property), and estimating the completed application form to the USPTO. Then will very depending upon the individual case. Any comments on the amount of time you require to complete this term emilier reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Tradonarth Office, U.S. Department of Commerce, P.O. Sox 1450, Alexandria, VA 22313-1450.

BAPY / 2685 RRIGHT PROPERTY BESTED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1459, Alexandria, VA 22313-1450.

if you need assistance in completing the form, call 1-800-PTO-0199 and spicel option 2.